



Division of Developmental Disabilities Services

Office of Quality Improvement

New Neighborhood Home Protocols

Prepared by: Office of Quality Improvement

Revision: _____

Date: 04/01/2015

Objective:

To effectively certify homes; and to ensure safe living arrangements for the individuals living in the home.

Definitions:

1. New Neighborhood Home: A new home, acquired by a Service Provider that is integrated in and supports access to the greater community and is chosen by the individual living in the home.

Standards:

- A. Prior to opening a new neighborhood home the service provider will contact the Division of Long Term Care Residents Protect to notify them of the new opening.
- B. Prior to opening the Division of Long Term Care Residents Protection will inspect and issue a temporary license to the home.
- C. The Director of Quality Improvement or designee will be notified of the new home and will assign a DDDS Program Evaluator to conduct a walkthrough of the home.
- D. Using the New Neighborhood Home worksheet the program evaluator will inspect the home.
- E. If any issues arise the DDDS Program Evaluator will meet with the agency within 10 business days after initial walkthrough to establish a Plan of Correction.
- F. If no issues arise the program evaluator will share the results with the team, file the PDF version of the document in the electronic filing system.
- G. The Program Evaluator will send an electronic PDF copy to the Regional Director.
- H. The Regional Director will share the results with the Region, Office of Professional Development and Management, and the Division of Long Term Care Residents Protection.

- I. 90 days after the initial license the Division of Long Term Care Residents Protection will conduct a follow-up review and issue a provisional license.
- J. 6 months after the home opens the DDDS Office of Quality Improvement team will conduct a Neighborhood Home Review.
- K. At the exit meeting it will be determined if the home is issued a full license or issued a provisional license.
- L. If a home is issued a provisional license follow the Probationary Status for DDDS Contractors Protocol.
- M. If the home is recommended for Licensure the DDDS Program Evaluator will send the agency a certification letter electronically. A copy of the letter will be saved in the electronic filing system.

References:

- A. Delaware Code Title 16 Section 3310

Exhibits:

- A. New Neighborhood Home Work Sheet
- B. Probationary Status for Contractors Protocols



Division of Developmental Disabilities Services

Office of Quality Improvement

NEW NEIGHBORHOOD HOME WORKSHEET

House Name:	Address:
Agency:	Contact Person & Contact Information:
QI Reviewer (s):	Projected Opening Date:
Review Date:	Region:
6 Month Review Date:	Rooms in the Home:

Agency		Comments
Does the agency have policies and procedures manuals available to staff? (This can be electronic)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are staff Job Descriptions on site? (This can be electronic)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the agency have a sign in book available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Agency have the Title 16 rights available in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff		Comments
Do all staff working in this home have a letter from the Background Check Center? (The PE must see a copy of this)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All staff working in the home alone have: <ul style="list-style-type: none"> • CPR To work in the home: <ul style="list-style-type: none"> • DDDS Abuse Policy Review • PM 5 Review 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All staff working in this home has a PPD tests on	<input type="checkbox"/> Yes	

file. (required by Public Health)	<input type="checkbox"/> No	
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Health & Safety		Comments
The Agency has policies and procedures for infection control pertaining to individuals, staff, and guest.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The home has a first aid kit available.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A communication system is in place to notify local emergency agencies in the event of an emergency or disaster. (ex: telephone/cell phone)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone numbers of the nearest poison control center and nearest source of emergency medical services are posted.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All fire exists are marked and evacuation routes are posted in a common ares.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A minimal of one 2 ½ pound ABC fire extinguisher is available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Smoke detectors on all levels of the home are present and working.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The agency has site specific and administrative emergency plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The water temperature is between 110 and 115 degrees.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A lockable medication cabinet is set up and in place. (if the individual takes their own medication this may be skipped)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Separate storage for poisons, chemicals & pesticides	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Environment		Comments
The home is located in a community setting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The outside of the home is in good repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Furnishings are present and in good repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The inside of the home is in good repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Comments: